IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

111 1.	III OI I					
In re Applicat	tion of:	Varsamis, et al.				
Serial No.:		10/710,513	Group No.:	3663		
Date Filed:		July 16, 2004				
For:		Data Acquisition System and Method nhole Use	Examiner:	Hughes, Scott A.		
		RESPONSE TRANSMITTAL				
Mail Stop Ame Commissioner P.O. Box 1450 Alexandria, V	for Paten					
1. Transm	Transmitted herewith is an Amendment for this application (24 pages)					
2. Applies	. Applicant is					
	a small en	ntity. n a small entity				
	CERTIF	ICATE OF MAILING/TRANSMISSIO	ON (37 C.F.R	. § 1.10)		
sufficient post	age as Fi	is correspondence is, on the date showerst Class Mail, in an envelope addresse oner for Patents, P.O. Box 1450, Alexander	d to the follow	wing: Mail Stop		
Date:						
Signature Coco Hernand	ez-Betano	court (type or print name of person certify	ing)			

EXTENSION OF TERM

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply. (complete, as applicable)						
		Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:					
		Extension (months) one month	\$	Fee <u>large entity</u> 120.00	\$	Fee for small entity 60.00	
		☐ two months	\$	450.00	\$	225.00	
		☐ three months	\$	1,020.00	\$	510.00	
		☐ four months	\$	1,590.00	\$	795.00	
		☐ five months	\$	2,160.00	\$	1080.00	
Fee: \$							
		now requested.	i moni tire	total loc due le			
		Extension fee due with the	nis reques	t \$			
OR							
Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.							

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d) has been calculated as shown below:

Claims Remaining After Amendment	Highest No. Previously Paid For	Extra Present	Rate	Added Fee
Total: 72	95	0	\$50/25	\$0.00
Independent: 3	4	0	\$200/100	\$0.00
First Presentation of Multiple	e Dependent Cla	ims:	\$360/180	\$0.00
		Total Addi	tional Fees:	\$0.00

	1			
		(complete (c) or (d), as applicable).		
		No additional fee for claims is required.		
		OR		
		Total additional fee for claims required \$_0.00		
		FEE PAYMENT		
5.		Attached is our check in the sum of \$		
		Attached is our check in the sum of \$ for a petition to revive an application.		
		Charge Account No. 50-0897 the sum of \$		

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. <u>50-0897</u> (SSW001/153864)

AND/OR

If any additional fee for claims is required, charge Account No. <u>50-0897</u> (SSW001/153864)

Date: April 26, 2007

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Customer No. 23,444